

Name: _____ Student ID: _____

Address: _____ Phone: _____

E-mail: _____

Date of Matriculation: _____ Anticipated Date of Graduation: _____ Time Limit: 7 years

Course Number	Course Title	Grade Earned	Date	Credits
ENG500	English Proseminar			
Select ONE of the following courses:				
ENG505	Shakespeare			
ENG574	Studies in Shakespeare			
Select ONE of the following:				
ENG550	Literary Criticism			
ENG555	Twentieth-Century Literary Criticism			
ENG585	Studies in Contemporary Criticism			
Select ONE of the following:				
ENG501	Introduction to Old English			
ENG502	Introduction to Middle English			
ENG527	Development of Modern English			
Select TWO courses (6 credits) in literary periods BEFORE 1800 from the following list or by advisement: ENG503, ENG504, ENG506, ENG507, ENG508, ENG509, ENG510, ENG511, ENG572, ENG573, ENG575, ENG576				
Select THREE courses (9 credits) in literary periods AFTER 1800 from the following list or by advisement: ENG513, ENG514, ENG517, ENG518, ENG519, ENG521, ENG522, ENG523, ENG524, ENG525, ENG532, ENG533, ENG534, ENG535, ENG536, ENG537, ENG538, ENG539, ENG556, ENG577, ENG578, ENG579, ENG580, ENG581, ENG582, ENG583, ENG584, ENG586				
Elective Course(s): (Teaching Assistants must take ENG515 as an elective.)				

Total Credits (30 or 33): _____

Additional Requirements:

Proficiency in a foreign language has been demonstrated by:

__ a minimum of 9-credits in _____ language (transcript attached), or

__ satisfactory performance on a translation examination in the _____ language on _____ (date)

__ The MA Comprehensive Examination was passed on _____.

Deficiencies/Provisions of Acceptance:

Signature of Student _____ Date _____ Signature of Dept. Chairperson _____ Date _____

Signature of Advisor _____ Date _____ Signature of Graduate Dean _____ Date _____

_____ Student ID# _____
Last Name First Name MI

HOME ADDRESS:

_____ City/Town State Zip
Number and Street

_____ E-Mail Address
(Area code) Home Telephone Cell Phone/Other

APPROVED TRANSFER CREDITS

	COURSE #	COURSE TITLE	INSTITUTION	GRADE	TERM	CREDITS
1						
2						
3						

NEW PALTZ COURSE EQUIVALENT

	COURSE #	COURSE TITLE	CREDITS
1			
2			
3			

REQUEST FOR CHANGE IN PLAN OF STUDY
THE GRADUATE SCHOOL/STATE UNIVERSITY OF NEW YORK AT NEW PALTZ

PROGRAM: _____

CONCENTRATION: _____

Change from: (Must list course # and title)

To: (Must list course # and title)

_____	▶	_____
_____	▶	_____
_____	▶	_____
_____	▶	_____
_____	▶	_____

Student's Signature Date

Chair's Signature Date

Advisor's Signature Date

Concurrence: Dean of Graduate School Date

Coordinator's Signature Date